

Effective Date of this Notice: 04/14/2003

Cherry Tree Pediatrics
2 Highland Park Drive
Suite 201
Uniontown, PA 15401
724-439-4479

Receipt of Notice of Privacy Practices/Consent for Use and Disclosure of PHI
Written Acknowledgement Form

Privacy Notice:

I, _____, have received a copy of Cherry Tree
Parent's Name

Pediatrics' Notice of Privacy Practices regarding _____'s
Child's name

Protected Health Information.

Consent for Use and Disclosure of PHI:

I hereby give consent for Cherry Tree Pediatrics to use and disclose protected health information (PHI) about me/my child to carry our treatment, payment and healthcare operations (TPO).

I have the right to review the Notice of Privacy Practices prior to signing this consent. Cherry Tree Pediatrics reserves the right to revise its Notice of Privacy Practices at anytime.

With this consent:

- Cherry Tree Pediatrics may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items, and any calls pertaining to my clinical care, including laboratory results among others.
- Cherry Tree Pediatrics may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as patient statements as long as they are marked Personal and Confidential.
- Cherry Tree Pediatrics may provide PHI to outside agencies in the course of treatment, payment and healthcare operations.
- Cherry Tree Pediatrics may contact insurance carriers in the course of treatment, payment and healthcare operations.

By signing this form, I am consenting to Cherry Tree Pediatrics' use and disclosure of PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Cherry Tree Pediatrics may decline to provide treatment to me.

Signature of Parent/Legal Guardian

Date

Patient's Name

Print Name of Parent/Legal Guardian